



Form No.	A-L-0002
Effective Date	1/4/07
Revision No.	04
Last Revision Date	10/20/06
Page 1 of 4	

## APPLICATION FOR TAX EXEMPTION CERTIFICATION FOR AIR POLLUTION CONTROL EQUIPMENT

State of Maine  
Department of Environmental Protection  
Bureau of Air Quality  
17 State House Station  
Augusta, Maine 04333-0017  
phone: (207) 287-2437 fax: (207) 287-7641

☐ Sales and Use Tax Title 36 MRSA 1760  
☐ Property Tax Title 36 MRSA 655, 656

### Section A: Facility Information

Facility Name to Appear on Certificaton: \_\_\_\_\_

Emission Location: \_\_\_\_\_ City/Town: \_\_\_\_\_ County: \_\_\_\_\_

Facility Mailing Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Facility Phone Number: \_\_\_\_\_

Nature of Business:

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Current License #: A- \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Application #: A- \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (to be filled in by the Department)

#### Check When Done:

- \_\_\_ Application Completed
- \_\_\_ Copy Sent to Town (date sent \_\_\_\_\_)
- \_\_\_ Public Notice Published  
(paper name: \_\_\_\_\_ date: \_\_\_\_\_)
- \_\_\_ Enclosed Public Notice Tear Sheet
- \_\_\_ Signed Signatory Form (section G)
- \_\_\_ Enclosed check for fee



SOP No.	A-L-0002
Effective Date	1/4/07
Revision No.	04
Last Revision Date	10/20/06
Page 2 of 4	

Facility Contact:

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Company: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
City/Town: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
e-mail: \_\_\_\_\_

Application Contact:

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Company: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
City/Town: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
e-mail: \_\_\_\_\_

**Section B: Description of Equipment**

Give a brief description of all equipment for which exemption is sought

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SOP No.	A-L-0002
Effective Date	1/4/07
Revision No.	04
Last Revision Date	10/20/06
Page 3 of 4	

### Section C: Tangible Property

List the tangible property which is included in equipment listed in Section B with date of purchase and cost of each item. (Attach diagrams or schematics for each facility.)

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### Section D: Function

Provide a detailed description of all the functions this equipment serves. (List all the things it actually does.)

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### Section E: Motivation

Provide all of the reasons why this equipment was installed. (Were you hoping to increase the efficiency of the system? cost savings?)

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SOP No.	A-L-0002
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Page 4 of 4	

## Section F: Operation

Describe the methods used by this equipment to reduce, control, or eliminate pollutants. (How does the equipment reduce pollution.)

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## Section G: Signatory Requirement

Each application submitted to the Department must include the following certification signed by a Responsible Official:

“I certify under penalty of law that I have personally examined the information submitted in this document and all attachments thereto and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the information is true, accurate, and complete. I authorize the Department to enter the property that is the subject of this application, at reasonable hours, including buildings, structures or conveyances on the property , to determine the accuracy of any information provided herein. I am aware there are significant civil and criminal penalties for submitting false information, including the possibility of fine and imprisonment.”

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Responsible Official Signature

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Date

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Responsible Official (Printed or Typed)

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Title